Arizona Health Improvement Plan

Asthma/Respiratory Disease

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• 2012 data shows chronic lower respiratory diseases (asthma, bronchitis, and emphysema) were the 3rd leading cause of death among Arizona residents • Asthma effecting the lives of more than 600,000 Arizonans • Arizona reported a total prevalence rate of CLRD of 5.3% when compared to the national prevalence rate of 6.3% *Source:http://www.azdhs.gov/plan/report/ahs/ahs2012/pdf/text2b.pdf* http://www.azasthma.org/asthma-in-az
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Yes -- In 2010, chronic lower respiratory diseases (bronchitis, emphysema, asthma) were the 3rd leading cause of death among Arizona residents • From 2009 to 2010, the mortality rates for chronic lower respiratory diseases increased for both genders • Asthma, Bronchitis and Emphysema prohibit daily physical activity and is an ongoing illness for many, but it can be controlled • There is no cure for Asthma, only avoiding "triggers" to help alleviate symptoms *Source: Arizona State Health Assessment 2013 P. 68* http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

Potential to Impact (Winnable Battle)
• What resources (funding, workforce, programs, etc.) are available to address the health issue?
• Can progress be made on the health issue within five years?
• Could addressing the health issue also address other problems at the same time?
	• Prop 303- Pulmonary Disease (RFGA Aprrox. $300,000/3years)
	• Progress that can be made within five years
	  ○ improving the air quality of where people live, learn, and play
	  ○ raising public awareness of the risk factors and detection of pulmonary disease
	  ○ promoting and increasing access to evidenced-based disease management
	• Addressing Asthma can also address other chronic lower respiratory diseases such as bronchitis and emphysema
	Source: RGFA- Pulmonary Disease Intervention

Cost-Effectiveness • What is the cost of not addressing the health issue?	• According to the Arizona Hospital Discharge Data, there were a total of 12,923 discharges in 2011 related to CLRD with an estimate aggregate cost of $359,941,441

For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	• Adults under age 65 -- insured by Medicaid had higher percentages of emphysema, asthma, and chronic bronchitis than those with private insurance or who were uninsured • Adults aged 65 and over -- insured by Medicaid and Medicare had higher percentages of emphysema, asthma, and chronic bronchitis than those with only Medicare or those with private insurance *The value of addressing this health issue is largely based on long term care. There is no cure for Asthma which means once a child has it; it will potentially affect them in the future. Therefore the value would be maintaining contact with treatment and follow up long term and not only when emergency services are needed. Therefore reducing Medicaid, Medicare and private insurance costs altogether.* *Source: RFGA Pulmonary Disease Intervention*
Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	• Asthma is the #1 chronic cause of school absenteeism among children each year accounting for more than 13 million total missed days of school • Asthma accounts for more than 10 million total missed days of work for adults each year • For adults, asthma is the 4th leading cause of work absenteeism and "presenteeism," resulting in nearly 15 million missed or lost ("less productive") workdays each year (this accounts for nearly $3 billion of the "indirect costs" shown above) • Among children ages 5 to 17, asthma is the leading cause of school absences from a chronic illness • It accounts for an annual loss of more than 14 million school days per year (approximately 8 days for each student with asthma) and more hospitalizations than any other childhood disease • It is estimated that children with asthma spend an nearly 8 million days per year restricted to bed Source: http://www.aafa.org/display.cfm?id=9&sub=42#_ftn12
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• Women are more likely to have asthma than men • In children, boys are more likely to have asthma than girls • Adults age 18 to 24 are more likely to have asthma than older adults • Multi-race and Black adults are more likely to have asthma than White adults • Black children are 2 times more likely to have asthma than White children • Adults who didn't finish high school are more likely to have asthma than adults who graduated high school or college • Adults with an annual household income of $75,000 or less are more likely to have asthma than adults with higher incomes *Source: Asthma's Impact on the Nation, CDC Factsheet, Pg. 2.* *http://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf*

Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	Asthma Control: Home-based, Multi Trigger Multicomponent Environmental Interventions. Community Preventive Task Force Findings (June 2008): • Recommended: For Children and With Asthma ○ Conducted in the homes of US Urban Minority Children • Insufficient Evidence: For Adults With Asthma, no EBMs (evidence based models) found specifically for rural communities *Source: Guide to Community Preventive Services. Asthma control: home-based multi-trigger, multicomponent interventions* http://www.thecommunityguide.org/asthma/multicomponent.html
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• Arizona Asthma Coalition, American Lung Association both serve as catalysts for developing strategies and policies for the advocacy agenda • Counties highlighting Chronic Lower Respiratory Disease as a Community Health Priority include Coconino, Mohave and Pinal • Arizona Comprehensive Asthma Control Plan by ADHS support further Asthma surveillance *Sources: Arizona Asthma Coalition Website* http://www.azasthma.org/about-us *2013 Community Health Assessment Priority Areas Document*
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• During 2001-2009, the proportion of persons of all ages with asthma in the U.S increased from 7.3% (20.3 million persons) to 8.2% (24.6 million persons) • The number of people who had ever been told by a doctor, nurse or other health professional that they had asthma increased from 13.9% in 2002 to 15.6% in 2010, and is high than the national average • Two counties with highest incidence of Asthma for adults are La Paz at 19.6% & Pinal at 23.3% *Source: RFGA- Pulmonary Disease Intervention Arizona State Health Assessment 2013 P.74* http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• The Affordable Care Act created the new Pre-Existing Condition Insurance Plan (PCIP) program. PCIP is a temporary program that covers a broad range of health benefits and is designed as a bridge for people with pre-existing conditions who cannot obtain health insurance coverage in today's private insurance market • Support from the CDC National Asthma Control Program who funds 34 states, D.C. and Puerto Rico *Source: CDC's National Asthma Control Program* *http://www.cdc.gov/asthma/pdfs/investment_americas_health.pdf* *CMS website* http://www.cms.gov/CCIIO/Resources/Files/pcipdatamay312001.html

Trend Direction • Has the health issue been getting better or worse over time?	• According to the 2013 Arizona State Health Assessment in 2010 Asthma was most prevalent in children aged 10-14. Additionally, from the ages of 5-17 Arizona's prevalence is higher than the national prevalence. With no ongoing, current Asthma programming consistency following the trend direction is a challenge *Source: Arizona State Health Assessment 2013 P. 73* http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf